

STATE USE ONLY
Page 0, Line 1
Col.
STATUS 4

Return this report
BY MARCH 15, 1999 TO:
Office of Statewide Health Planning
and Development
Accounting and Reporting Systems Section
818 K Street, Room 400
Sacramento, California 95814

Completion of this Annual Utilization Report of Home Health Agencies and Hospice is required by Section 74729, Division 5, Title 22, of the California Code of Regulations for Home Health Agencies and, Section 1750(c) of the California Health and Safety Code for Hospices. This report is for all Home Health and Hospice Services for which this agency is licensed. A separate annual report is required for each parent agency and branch; therefore, DO NOT combine data from your offices/locations.

If you have any questions or need assistance in completing this form, please contact our Office at (916) 322-7422 or (916) 323-7685.

The reporting period is the calendar year January 1 through December 31.

- Line
1. Is your agency: (1=For Profit; 2=Nonprofit-Private; 3=Nonprofit-Government)?
2. Is your agency: (1=Parent; 2=Branch)?

COMPLETE QUESTION #5 ONLY IF YOUR AGENCY/HOSPICE IS NEWLY LICENSED, CLOSED OR WENT INTO SUSPENSE DURING THE REPORTING YEAR

5. Dates of Licensure: If the agency/hospice was licensed on or after 1/1 or was delicensed (closed) on or before 12/31, enter the dates of operation in Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

FROM [Col. 1: Month, Day] THROUGH [Col. 2: Month, Day]

- 6. Enter the number 1 if the HHA was certified for: 6. Medicare [Col. 1] Medi-Cal [Col. 2]
7. Enter the number 1 if the HHA has a hospice program..... 7.
8. Enter the number 1 if the HHA's hospice program was certified for:..... 8. Medicare [Col. 1] Medi-Cal [Col. 2]
9. Enter the number 1 if this entity is a freestanding hospice ..... 9.
10. Enter the number 1 if the hospice was certified for: ..... 10. Medicare [Col. 1] Medi-Cal [Col. 2]
11. Enter the number 1 if the HHA/Hospice has the following accreditation: ..... 11. JCAHO [Col. 1] CHAP [Col. 2]

PERSON RESPONSIBLE FOR COMPLETING REPORT TITLE
21. Telephone ( ) FAX Number ( )

I certify that the information contained in this report is accurate and complete to the best of my knowledge

Administrator's Name (please print) Administrator's Signature



HHA PATIENTS & VISITS

TABLE 1 -- PATIENTS AND VISITS BY AGE			
Age	Line No.	Column 1	Column 2
		Patients	Visits
TOTAL	1		
0-10 Years	2		
11-20 Years	3		
21-30 Years	4		
31-40 Years	5		
41-50 Years	6		
51-60 Years	7		
61-70 Years	8		
71-80 Years	9		
81-90 Years	10		
91 Years and Older	11		

TABLE 2 -- DISCHARGES		
Reason for Discharge	Line No.	Patient Discharges Col 1
TOTAL	21	
No Further Home Health Care Needed	22	
Admitted to Hospital	23	
Admitted to SN/IC Facility	24	
Family/Friends Assumed Responsibility	25	
Patient Moved out of Area	26	
Patient Refused Service	27	
Transferred to Another HHA	28	
Transferred to Outpatient Rehabilitation	29	
Physician Request	30	
Death	31	
Lack of Funds	32	
Lack of Progress	33	
Transferred to Hospice	34	
Transferred to Home Care (Personal Care)	35	
Other, Specify:	36	

NOTE: Only include patients whose services were terminated by the client or agency.

TABLE 3 -- VISITS BY PRIMARY REIMBURSEMENT SOURCE		
Reimbursement Source	Line No.	Visits Col 1
TOTAL	39	
Medicare	40	
Medi-Cal	41	
CHAMPUS	42	
Other Third Party (ins., etc.)	43	
Private (Self Pay)	44	
HMO/PPO	45	
No Reimbursement	46	
Other (Incl., MSSP)	47	

INSTRUCTIONS: Visits must be the same number as reported on Table 1

TABLE 4 -- VISITS BY TYPE OF STAFF		
TYPE OF STAFF	Line No.	Visits Col 1
TOTAL	51	
Registered Nurse	52	
Public Health Nurse	53	
Home Health Aide	54	
Physical Therapist	55	
Licensed Vocational Nurse	56	
Social Worker	57	
Occupational Therapist	58	
Speech Pathologist/Audiologist	59	
Nutritionist (diet counseling)	60	
Physician	61	
Spiritual and Pastoral Care	62	
Other, Specify: _____	63	

TABLE 5 -- ADMISSIONS BY SOURCE OF REFERRAL		
Source of Referral	Line No.	Patient Admissions Col 1
TOTAL	71	
Hospital (Discharge Planner, etc)	72	
Physician	73	
Family/Friend	74	
Self	75	
Long Term Care Facility (SN/IC)	76	
Local Health Department	77	
Clinic	78	
Social Service Agency	79	
Another Home Health Agency	80	
Payor (insurer, HMO, etc)	81	
Hospice	82	
MSSP	83	
Other, Specify: _____	84	

HEALTH CARE UTILIZATION

TABLE 6 -- PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN			
PRINCIPAL DIAGNOSIS <small>(See Pages 5 &amp; 6 for ICD-9-CM codes)</small>	Line No	Col. 1 PATIENTS	Col. 2 VISITS
TOTAL	1		
Infectious and parasitic diseases (Exclude AIDS)	2		
HIV infections (includes AIDS, ARC, HIV)	3		
Malignant neoplasms: Lung	4		
Malignant neoplasms: Breast	5		
Malignant neoplasms: Intestines	6		
Malignant neoplasms: All other sites	7		
Non-malignant neoplasms: All sites	8		
Diabetes mellitus	9		
Endocrine, metabolic, and nutritional diseases; Immunity disorders	10		
Diseases of blood and blood forming organs	11		
Mental disorder	12		
Alzheimer's disease	13		
Diseases of nervous system and sense organs	14		
Diseases of cardiovascular system	15		
Diseases of cerebrovascular system	16		
Diseases of all other circulatory system	17		
Diseases of respiratory system	18		
Diseases of digestive system	19		
Diseases of genitourinary system	20		
Diseases of breast	21		
Complications of pregnancy, childbirth, and the puerperium	22		
Diseases of skin and subcutaneous tissue	23		
Diseases of musculoskeletal system and connective tissue	24		
Congenital anomalies and perinatal conditions	25		
Symptoms, signs, and ill-defined conditions (Exclude HIV positive test)	26		
Fractures (Exclude birth fx, pathological fx, malunion fx, nonunion fx)	27		
All other injuries	28		
Poisonings and adverse effects of external causes	29		
Complications of surgical and medical care	30		
Health services related to reproduction and development	31		
Infants born outside hospital	32		
Health hazards related to communicable diseases	33		
Other health services for specific procedures and aftercare	34		
Visits for Evaluation & Assessment	35		

Total patients in Table 6 above, CANNOT BE LESS THAN total patients in Table 1 on Page 3. Total patients in Table 6 CAN EXCEED total patients in Table 1 ONLY by the number of patients whose primary condition changed and who were readmitted with a different primary condition.

Total visits must be equal to total visits in Table 1 on Page 3, line 1.

How many of the patients you reported in Table 1 on Page 3 had a primary or secondary diagnosis of HIV (AIDS/ARC) or Alzheimer's Disease and how many health care visits were made to them. The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions; what we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

HIV (AIDS/ARC or HTLV/III-LAV)		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
36		

ALZHEIMER'S DISEASE		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
37		

## PRINCIPAL DIAGNOSIS

HOME HEALTH Principal diagnosis is the diagnosis most related to the current plan of treatment. The principal diagnosis may or may not be related to the client's most recent hospital stay, but must relate to the services rendered by the home health agency. If more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition and requires the most intensive services is considered the principal diagnosis.

<u>LINE ITEM</u>	<u>ICD-9-CM CODES</u>	<u>DESCRIPTION</u>
2	001.0-041.9 045.00-139.8	Infectious and parasitic diseases
3	042	HIV (Human Immunodeficiency Virus) infections [Excludes positive finding of HIV V08 or inconclusive finding of HIV 795.71]
4	162.0-162.9 197.0, 231.2	Malignant neoplasms of lung
5	174.0-174.9 175.0-175.9 198.2, 198.81 233.0	Malignant neoplasms of breast
6	152.0-154.0 159.0, 197.4 197.5, 197.8 198.89, 230.3 230.4, 230.7	Malignant neoplasms of small and large intestines
7	140.0-208.91 230.0-234.9	Malignant neoplasms of all sites other than lung, breast or intestines (primary, secondary, CA-in-situ). [Excludes malignant neoplasms as shown in lines #4-6]
8	210.0-229.9 235.0-238.9 239.0-239.9	Non-malignant neoplasms of all sites (benign, uncertain behavior, and unspecified nature).
9	250.00-250.93	Diabetes and its related manifestations
10	240.0-246.9 251.0-279.9	Endocrine, metabolic, and nutritional diseases and Immunity disorders. [Excludes diabetes as shown in line #9]
11	280.0-289.9	Diseases of blood and blood-forming organs
12	290.0-319	Mental disorders, effective 10/1/96
13	331.0	Alzheimer's disease, effective 10/1/96
14	320.0-389.9	Disease of nervous system and sense organs [Excludes Alzheimer's disease as shown in line #13]
15	391.0-392.0 393-402.91 404.00-429.9	Diseases of cardiovascular system
16	430-438.9	Diseases of cerebrovascular system, effective 10/1/97
17	390, 392.9 403.00-403.91 440.0-459.9	Diseases of all other circulatory systems [Excludes heart or brain involvement as shown in lines #15-16]
18	460-519.9	Diseases of respiratory system [Excludes lung neoplasms as shown in lines #4 and #8]
19	520.0-579.9	Diseases of digestive system [Excludes intestinal neoplasms as shown in lines #6 and #8]
20	580.0-608.9 614.0-629.9	Diseases of genitourinary system [Excludes diseases of breast for male of female as shown in line #21]

<u>LINE ITEM</u>	<u>ICD-9-CM CODES</u>	<u>DESCRIPTION</u>
21	610.0-611.9	Diseases of breast (male or female). [Excludes breast neoplasms as shown in lines #5 and #8]
22	630-677	Complications of pregnancy, childbirth, and the puerperium
23	680.0-709.9	Diseases of skin and subcutaneous tissue
24	710.00-739.9	Diseases of musculoskeletal systems and connective tissues
25	740.0-779.9	Congenital anomalies and certain conditions originating in perinatal period
26	780.01-795.6 795.79 796.0-799.9	Symptoms, sign, and ill defined conditions [Excludes inconclusive finding of HIV 795.71]
27	800.00-829.1	Fractures [Excludes birth fracture, pathological fracture, nonunion or malunion fracture]
28	830.0-959.9	All other injuries (dislocations, sprains, internal injury, open wound, superficial injury, contusion, crushing injury, foreign body, injuries to blood vessels, nerves and spinal cord, and burns)
29	960.0-995.89	Poisonings and adverse effects of external causes
30	996.00-999.9	Complications of surgical and medical care
31	V20.0-V26.9 V28.0-V29.9	Health services related to reproduction and development [Excludes outcome of deliveries - V27.0-V27.9]
32	V30.1-V30.2 V31.1-V31.2 V32.1-V32.2 V33.1-V33.2 V34.1-V34.2 V35.1-V35.2 V36.1-V36.2 V37.1-V37.2 V39.1-V39.2	Infants born outside hospital
33	V01.0-V19.8 V40.0-V49.9	Health hazards related to communicable diseases; Personal and family history; Other factors influencing health status [Excludes positive finding of HIV V08]
34	V50.0-V58.9	Other health services for specific procedures and aftercare
35	V60.0-V82.9	Visits for evaluation and assessment

PART B

HOSPICE UTILIZATION

A hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day. Emotional care to the patient’s family extends through the bereavement period.

Complete this part of the report if the agency is a freestanding Hospice or a Home Health Agency providing hospice services.

I. FACILITY OWNERSHIP

Line

1. Enter the number 1 (yes) if the hospice is under common ownership or control with inpatient facility(ies), including a hospital, Skilled Nursing Facility (SNF), or Congregate Living Health Facility (CLHF).....1. \_\_\_\_\_

2. If line 1 is yes, how many related facilities are under common ownership or control with inpatient facility(ies), including a hospital, SNF, or CLHF?.....2. \_\_\_\_\_

How are they licensed?

Col 1.

Col 2.

3. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a hospital and indicate the number of hospice beds in column 2.....3. \_\_\_\_\_

4. Enter the number 1 in column 1 if the related inpatient facility(ies) is licensed as a SNF and indicate the number of hospice beds in column 2.....4. \_\_\_\_\_

5. Enter the number 1 in column 1 if related inpatient facility(ies) is licensed as a CLHF and indicate the number of hospice beds in column 2.....5. \_\_\_\_\_

6. Enter the number 1 in column 1 if the hospice is under common ownership or control with a Residential Care Facility for the Elderly (RCFE) and indicate the number of hospice beds in column 2 .....6. \_\_\_\_\_

II. SERVICES

Check all of the services directly provided by OR contracted for by the hospice:

Table 13 – Hospice Services			
Line No.	Hospice Services	Directly Provided Column 1	Contracted Column 2
07	Enterostomal Therapy		
08	Respiratory/Pulmonary Therapy		
09	Nutritional Counseling		
10	IV Therapy		
11	Palliative Chemo Therapy		
12	Palliative Radiation Therapy		
13	24 Hour On Call & Visit Coverage		
14	Pediatric Care		
15	HIV Care		
16	In Home Respite		
17	Home Medical Equipment/Supplies		
18	Laboratory Services		
19	Transportation/Ambulance		
20	Pharmacy		
21	Inpatient Services		
22	Nursing		
23	Social Work/Counseling		
24	Spiritual/Pastoral		
25	Home Health Aide/Homemaker		
26	Volunteer Services		
27	Hospice Physician/Medical Director		
28	Bereavement Services		
29	Other, Specify _____		

ANNUAL UTILIZATION REPORT OF HOME HEALTH AGENCIES AND HOSPICE  
HOSPICE UTILIZATION

Enter nine digit ID# | | | | | | | | |

II. SERVICES (Continued)

Check all of the services directly provided by OR contracted for by the hospice:

Table 14 - Type of Bereavement Services Provided			
Line No.	Bereavement Services Provided	Directly Provided Column 1	Contracted Column 2
01	Bereavement Assessments		
02	Home Counseling by Professionals		
03	Home Counseling by Volunteers		
04	Referrals for Psychological Services When Appropriate		
05	Follow-ups (telephone/mail)		
06	General Bereavement Groups		
07	Memorial Services		
08	Specialized Bereavement Groups Specify: _____ _____ _____		
09	Social Activities Specify: _____ _____ _____		

Table 15 - Volunteer Hours by Type of Service		
Line No.	Type of Service	Volunteer Hours Column 1
15	Non-Professional Patient/Family Support	
16	Professional Clinical Patient/Family Support	
17	Bereavement Support	
18	Patient Care Program Administrative Support	
19	Non-patient Care Administrative Support	
20	Other, Specify: _____	
21	<b>TOTAL HOURS</b>	

## PATIENT INFORMATION

TABLE 16 - UNDUPLICATED PATIENTS BY GENDER AND AGE

Line No.	AGE	MALE	FEMALE	OTHER/UNKNOWN*	TOTAL
		Column 1	Column 2	Column 3	Column 4
01	0-10 Yrs				
02	11-20 Yrs				
03	21-30 Yrs				
04	31-40 Yrs				
05	41-50 Yrs				
06	51-60 Yrs				
07	61-70 Yrs				
08	71-80 Yrs				
09	81-90 Yrs				
10	91 + Yrs				
11	<b>TOTAL</b>				

TABLE 17 - UNDUPLICATED PATIENTS BY RACE

Line No.	RACE	MALE	FEMALE	OTHER/UNKNOWN*	TOTAL
		Column 1	Column 2	Column 3	Column 4
20	WHITE				
21	BLACK				
22	NATIVE AMERICAN				
23	ASIAN/PACIFIC ISLANDER				
24	OTHER*				
25	UNKNOWN*				
26	<b>TOTAL</b>				

Table 18 ETHNICITY

	Hispanic Column 1	Non-Hispanic Column 2
Line 30		

\*If other/unknown greater than 3% of total, must explain.

**PATIENT ADMISSIONS BY SOURCE AND DISCHARGES BY DISPOSITION**

<b>Table 19 - ADMISSIONS BY SOURCE OF REFERRAL</b>		
Line No.	Source of Referral	Patient Admissions
		Column 1
<b>01</b>	Hospital (Discharge Planner, etc.)	
<b>02</b>	Physician	
<b>03</b>	Family/Friend	
<b>04</b>	Self	
<b>05</b>	Long-term Care Facility (SN/IC)	
<b>06</b>	Clinic	
<b>07</b>	Social Service Agency	
<b>08</b>	Home Health Agency	
<b>09</b>	Payer (Insurer, HMO, etc.)	
<b>10</b>	Other Hospice	
<b>11</b>	AIDS Service Organization	
<b>12</b>	Other, Specify: _____	
<b>13</b>	<b>TOTAL</b>	

<b>TABLE 20 - PATIENT DISCHARGES BY REASON</b>		
Line No.	Reason for Discharge	Patient Discharges
		Column 1
<b>20</b>	Death	
<b>21</b>	Patient Moved Out of Area	
<b>22</b>	Patient Refused Service	
<b>23</b>	Transferred to Another Local Hospice	
<b>24</b>	Prognosis Extended	
<b>25</b>	Patient Desired Curative Treatment	
<b>26</b>	Other, Specify: _____	
<b>27</b>	<b>TOTAL</b>	

**PATIENTS DISCHARGED BY LENGTH OF STAY**

<b>Table 21 – NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY</b>		
Line No.	DAYS	Number of Discharged Patients Column 1
35	0 - 30 Days	
36	31 - 60 Days	
37	61 - 90 Days	
38	91 - 120 Days	
39	121 - 150 Days	
40	151 - 180 Days	
41	181 - 210 Days	
42	211 - 240 Days	
43	241 + Days	
44	Total Patients	

VISITS BY TYPE OF STAFF DURING REPORTING YEAR

TABLE 22- Visits By Type of Staff During Reporting Year		
Line No.	Type of Staff	Column 1
		TOTAL NUMBER OF VISITS
01	Registered Nurse	
02	Licensed Vocational Nurse	
03	Home Health Aide	
04	Physical Therapist	
05	Occupational Therapist	
06	Speech Pathologist/Audiologist	
07	Social Worker/Counselor	
08	Hospice Physician/Medical Director	
09	Spiritual and Pastoral Care	
10	Homemaker	
11	Other, Specify _____	
12	TOTAL	

PATIENT DAYS BY LEVEL OF CARE DURING REPORTING YEAR

TABLE 23 – Patient Days by Level of Hospice Care		Patient Days
	Level of Hospice Care	Column 1
16	Routine Home Care	
17	Continuous Care	
18	Acute Inpatient	
19	Respite Inpatient	
20	TOTAL Patient Days	

21. Total number of continuous care hours.....21. \_\_\_\_\_

## PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE

Table 24 – PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE				
Line No.	Reimbursement Source	NUMBER OF PATIENTS Column 1	NUMBER OF PATIENT DAYS Column 2	% GROSS REVENUE Column 3
01	Medicare			
02	Medi-Cal			
03	Private Coverage			
04	Other Government			
05	Self-Pay			
06	Other Specify _____			
07	No Reimbursement			
08	<b>TOTAL</b>			*

\*MUST ADD TO 100%

## HOSPICE UTILIZATION

*HOSPICE The principal diagnosis is the disease/problem to be the chief cause of the admission of the patient to the hospice program.*

TABLE 25 -- DISCHARGED PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN

Line No.	PRINCIPAL HOSPICE DIAGNOSIS FOR DISCHARGED PATIENTS		Column 1	Column 2	Column 3
			Total Number of Discharged Patients	Visits	Discharged Patients Total Days of Care
	ICD-9-CM Code				
1	001-041, 045-139	Infectious and Parasitic Diseases, excluding HIV disease			
2	042	HIV Disease			
3	140-149	Malignant Neoplasm of lip, oral cavity, & pharynx			
4	150-159	Malignant Neoplasm of digestive organs & peritoneum			
5	160-165	Malignant Neoplasm of respiratory & intrathoracic organs			
6	170-175	Malignant Neoplasm of bone, connective tissue, skin, & breast			
7	179-189	Malignant Neoplasm of genitourinary organs			
8	190-199	Malignant Neoplasm of other & unspecified sites			
9	200-208	Malignant Neoplasm of lymphatic & hematopoietic tissue			
10	210-229	Benign Neoplasms			
11	230-234	Carcinoma-in-situ			
12	235-238	Neoplasms of uncertain behavior			
13	239	Neoplasms of unspecified nature			
14	240-289	Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders			
15	290-319	Mental Disorders			
16	320-389	Diseases of Nervous System and Sense Organs			
17	390-459	Diseases of Circulatory System			
18	460-519	Diseases of Respiratory System			
19	520-579	Diseases of Digestive System			
20	580-629	Diseases of Genitourinary System			
21	630-677	Pregnancy, Childbirth, & the Puerperium			
22	680-709	Diseases of Skin and Subcutaneous Tissue			
23	710-739	Diseases of the Musculoskeletal System and Connective Tissue			
24	740-759	Congenital Anomalies			
25	760-779	Certain Conditions Originating in the perinatal period			
26	780-799	Symptoms, Signs, & Ill-defined conditions			
27	800-999	Injury, Poisoning, and Complications			
28	V01-V82	Factors Influencing Health Status and contact with Health Services			
29	TOTAL				